

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Recchia for Congress

ADDRESS (number and street)

172 Gravesend Neck Road

Check if different
than previously
reported. (ACC)

Brooklyn

NY

11223

2. FEC IDENTIFICATION NUMBER ▼

C

C00542266

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

11

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Carol Moore

Signature of Treasurer

Ms. Carol Moore

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Recchia for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	413032.86
(b) Total Contribution Refunds (from Line 20(d))	0.00	6278.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	406754.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10894.60	2475795.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	-600.00	2048.77
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	11494.60	2473746.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1297.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 10

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Recchia for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

535.55

(ii) Unitemized.....

0.00

841.42

(iii) TOTAL of contributions from individuals ▶

0.00

1376.97

(b) Political Party Committees.....

0.00

9575.89

(c) Other Political Committees (such as PACs).....

0.00

402080.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

413032.86

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

-600.00

2048.77

15. OTHER RECEIPTS (Dividends, Interest, etc.)

6.14

39774.27

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

-593.86

454855.90

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10894.60	2475795.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	6278.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6278.00
21. OTHER DISBURSEMENTS	0.00	13500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10894.60	2495573.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12785.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	-593.86
25. SUBTOTAL (add Line 23 and Line 24).....	12191.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10894.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1297.33

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3T

Transaction ID :

Any remaining committee funds will be donated to a local charitable organization, pursuant to FEC AO 2008-04.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Recchia for Congress

A. Full Name (Last, First, Middle Initial) Northfield Bank		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		30		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
10		30		2015									
Mailing Address 581 Main St Ste 810		Transaction ID : VN8CEE7YAE1											
City Woodbridge	State NJ	Zip Code 07095-1144	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2.62</td> </tr> </table>						2.62				
					2.62								
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>													
Name of Employer	Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2446.78</td> </tr> </table>								2446.78				
					2446.78								

B. Full Name (Last, First, Middle Initial) Northfield Bank		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	11		30		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11		30		2015									
Mailing Address 581 Main St Ste 810		Transaction ID : VN8CEE7YAF8											
City Woodbridge	State NJ	Zip Code 07095-1144	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>2.27</td> </tr> </table>						2.27				
					2.27								
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>													
Name of Employer	Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2449.05</td> </tr> </table>								2449.05				
					2449.05								

C. Full Name (Last, First, Middle Initial) Northfield Bank		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		31		2015									
Mailing Address 581 Main St Ste 810		Transaction ID : VN8CEE7YAG6											
City Woodbridge	State NJ	Zip Code 07095-1144	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5"></td> <td>1.25</td> </tr> </table>						1.25				
					1.25								
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 2px;">C</div>													
Name of Employer	Occupation												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="5"></td> <td>2450.30</td> </tr> </table>								2450.30				
					2450.30								

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="5"></td> <td>6.14</td> </tr> </table>						6.14
					6.14		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> <td>6.14</td> </tr> </table>						6.14
					6.14		

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Recchia for Congress

Full Name (Last, First, Middle Initial)

A. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	05	2015

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D6A0RD92

B. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
10	05	2015

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D6A0RDA0

c. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
11	03	2015

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D6A0RDD3

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

59.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Recchia for Congress

Full Name (Last, First, Middle Initial)

A. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
11	03	2015

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D6A0RDE1

B. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	03	2015

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D6A0RDF9

c. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
12	03	2015

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D6A0RDG7

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

59.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Recchia for Congress

Full Name (Last, First, Middle Initial)

A. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2016

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D6A0RDJ3

B. FirstData Merchant BankMailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-4799

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2016

Amount of Each Disbursement this Period

19.95

Transaction ID : VN7D6A0RDK1

c. Allen KramerMailing Address 30 Vesey St
Rm 900

City New York State NY Zip Code 10007-4201

Purpose of Disbursement
Legal Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2015

Amount of Each Disbursement this Period

3250.00

Transaction ID : VN7D6A0RDB8

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3289.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Recchia for Congress

Full Name (Last, First, Middle Initial)

A. Mission Control, Inc.

Mailing Address 114A Mansfield Hollow Rd

City	State	Zip Code
Mansfield Center	CT	06250-1316

Purpose of Disbursement
Campaign Literature

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2015

Amount of Each Disbursement this Period

6985.00

Transaction ID : VN7D6A0RDH5

B. NGP Van, Inc.Mailing Address 1101 5th St NW
Ste 500

City	State	Zip Code
Washington	DC	20001-3730

Purpose of Disbursement
Fee for Compliance/Engagement Web Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2015

Amount of Each Disbursement this Period

250.00

Transaction ID : VN7D6A0RDC6

c. NGP Van, Inc.Mailing Address 1101 5th St NW
Ste 500

City	State	Zip Code
Washington	DC	20001-3730

Purpose of Disbursement
Fee for Compliance/Engagement Web Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2016

Amount of Each Disbursement this Period

250.00

Transaction ID : VN7D6A0RK29

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7485.00

10894.60